

Program: Alternatives to Abortion

Subcontractor: Lifeline Pregnancy Care Center

Client Name _____ Date Enrolled 03/22/16

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Alliance for Life Program Manager: _____

Reason for denying purchase: _____

Tim's Auto Service & Sales, Inc.

370 Hwy PP

Cuba, MO. 65453

Phone: 573-885-6736 Fax: 573-885-6937

ESTIMATE #

Estimate for Services

Estimate Date : 2/28/2017

Odom. In: 0

VIN # :

Part Description / Number	Qty	Sale	Ext	Labor Description	Hours	Extended
BRAKE LINES & FITTINGS	1.00	33.69	33.69	REPLACE REAR BRAKE LINES & BLEED SYSTEM	4.00	220.00
1 Brake Fluid	1.00	7.48	7.48	CK&REPLACE BATTERY	0.27	15.00
1 BATTERY 1 YEAR	1.00	111.92	111.92			
1 Shop Supplies			4.59			

Parts/Supplies: 157.88 Labor: 235.00

HazMat/Fees: 0.00 Tax: 13.56 Total: \$ 406.24

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within ____ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise. Save all Parts ____ NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature _____

Date _____

Time _____